

QNFT Data

Organization and Office Symbol: _____

Duty Phone: _____

Personal Data	
SSN	
Gender	
Rank	
Name (Last Name, First Name, MI)	
Unit	
AFSC	
UTC	
Weight	

Do Not Mark Below This Line!

Mask Data	
Mask Size	(Circle One) XS S M L XL
Mask Type	MCU-2A/P
Mask Lot Number	
Spectacle Inserts	(Circle One) Yes NO
Skull Cap	(Circle One) Yes NO

Testing Information	
Test Instrument Serial #	
Special Mask Donning	
Mask Problems	
Mask Certifier	

Test Results	
Test Date	
Test Time (in minutes)	
Test Reason	(Circle One) Routine After Medical Evaluation
How many tests were required to pass?	
Beginning Particle Count	
Normal Breathing FF	
Deep Breathing FF	
Side-to-side FF	
Up-down	
Rotate chin FF	
Final Fit Factor	

PRIVACY ACT NOTICE

AUTHORITY: 10 USC 193

PRINCIPAL PURPOSE: To collect data to verify fitness for and facilitate respirator fit training.

ROUTINE USES: See Principal Purpose

DISCLOSURE IS VOLUNTARY: You are not required to complete this form, but your failure to do so may result in your not receiving fit testing.